

AMENDED

FILED SEP 6 1961

Primary Registration District No.

1003

Registrar's No.

8045

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		d. STREET ADDRESS (If outside, give location) 3341 Liberty	
3. NAME OF DECEASED (Type or print) First Edwin Middle F. Last Mullins		4. DATE OF DEATH Month Aug. Day 28, Year 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 30, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. 12 years Bookkeeper		11. BIRTHPLACE (City and state or country) Tennessee	
13a. FATHER'S NAME William A. Mullins		14. NAME OF HUSBAND OR WIFE Icy Mullins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		17. INFORMANT Icy Mullins	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral haemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c) 422.2		INTERVAL BETWEEN ONSET AND DEATH 4 days 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 630 a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
21. I attended the deceased from Jan. 20, 1958 to Aug. 28, 1961 and last saw her alive on Aug 28, 1961 Death occurred at 630 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald Becke		22b. ADDRESS 3720 Washington	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-31-61	
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR Southern Funeral Home		25. DATE RECD. BY LOCAL REG. AUG 29 1961	
ADDRESS 6322 S. Grand, St. Louis, Mo.		26. REGISTRAR'S SIGNATURE Donald Smith. M.D.	

Mr Beebe
3720 Washington
1. to 4 P.M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.